

**Medicaid Outpatient Drug Coverage  
Excluded Drug Coverage Information By State  
January 1, 2006**

**WYOMING**

**DESCRIPTION**

This chart provides excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

**MEDICAID ELIGIBILITY**

This State provides coverage for the Categorically Needy.

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*None*

Drugs when used to promote fertility

*None*

Drugs when used for cosmetic purposes or hair growth

*None*

Drugs when used for the symptomatic relief of cough and colds

*Some*

The following antihistamines are not covered: loratadine, desloratadine, fexofenadine, or cetirizine.

Prescription vitamins and mineral products except prenatal vitamins and fluoride

*All*

Nonprescription drugs (Over-the-Counter)

*Some*

Analgesics, antacids, antiflatulents, antihistamines, artificial tears, cough and cold products, laxatives, limited contraceptive products, limited enteral nutrition products, sodium chloride for inhalation, topical antifungals, topical antibiotics, topical antiparasitics, topical anti-inflammatory agents, and anti-diarrheals.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

*All*

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

*All*

**WYOMING – Excluded Drug Coverage (continued)**

Smoking Cessation (except dual eligibles as Part D will cover)

*None*

**STATE WEBSITE**

<http://wdh.state.wy.us/PHARMACY/index.asp>